

1.) CORPORATION NAME:

DUE DATE: **9/30/2011**

**American Compensation Insurance Company**

SCC ID NO: **F1837360**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8500 NORMANDALE LAKE BLVD.  
SUITE 1400

CITY/ST/ZIP: BLOOMINGTON, MN 55437-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: CLYDE H. FITCH  
TITLE: VICE PRESIDENT  
ADDRESS: 518 EAST BROAD STREET  
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

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OFFICER

☐

DIRECTOR

NAME: CYNTHIA A. POWELL  
TITLE: TREASURER  
ADDRESS: 518 EAST BROAD STREET  
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

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OFFICER

☐

DIRECTOR

NAME: JAMES A. YANO  
TITLE: SECRETARY  
ADDRESS: 518 EAST BROAD STREET  
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

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OFFICER

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DIRECTOR

NAME: ROBERT P. RESTREPO  
TITLE: PRESIDENT  
ADDRESS: 518 EAST BROAD STREET  
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

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OFFICER

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DIRECTOR

NAME: JERRY BRUMFIELD  
TITLE: ASST SECRETARY  
ADDRESS: 700 W. 47TH STREET  
CITY/ST/ZIP/CO: KANSAS CITY, MO 64112-

NAME:	JESSICA BUSS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	700 W. 47TH STREET		
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64112-		
NAME:	DENNIS R. BLANK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215-		
NAME:	ALISON COOLBRITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215-		
NAME:	MICHAEL J. FIORILE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215-		
NAME:	JAMES E. KUNK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215-		
NAME:	PAUL J. OTTE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215-		
NAME:	KENAN L. SCHULTHEIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215-		
NAME:	EDWIN J. SIMCOX	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215-		
NAME:	DWIGHT E. SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215-		
NAME:	ROGER P. SUGARMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	518 EAST BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215-		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

<u>/s/ JERRY BRUMFIELD</u>	<u>JERRY BRUMFIELD, ASST</u>	<u>8/3/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		